

UNC Cancer Care Referral Form



Please provide the following patient information:

- Any diagnostic imaging that has been obtained related to the diagnosis in question (please send reports and imaging via Powershare if applicable).
- All pathology reports from any biopsies or surgeries.
- Diagnosis and clinical stage. Clinical stage required for any neoadjuvant referrals.
- Office notes from first onset of symptoms.
- All laboratory testing obtained thus far, including some old results, if available, for the tests that are now abnormal.
- Demographics sheet with accurate address, phone numbers and copy of insurance cards (verify if patient is in-network).

Any out-of-network international patients must be approved by UNC Health.

Date _____ Referring Physician _____

Referring Referral Coordinator _____ Phone _____

Patient Name _____

Phone _____ Fax _____

DOB _____ Email Address _____

Mailing Address _____

Parent or Guardian Name if Minor _____

Type of Insurance (Prior Auth sent if Tricare/VA) _____

Policy Number _____

Referral Reason/Diagnosis _____

For referral scheduling questions, please call 984-974-8877.

Thank you for your referral. We look forward to caring for your patient.

Records supporting referring diagnosis should be faxed to:

Leukemia/Lymphoma/Myeloma.....984-974-2602
Breast984-974-2603
Head and Neck/Sarcoma.....984-974-3499

Thoracic.....984-974-8610
Gyn Onc/Neuro.....984-974-8613
GU.....984-974-8614
GI/Melanoma.....984-974-8615

CareLink

Community-based physicians and their staff who would like to use our electronic referral portal or gain secure, read-only access to UNC's electronic medical records system may request a UNC CareLink account at unccarelink.org. If you have questions about enrollment, please email unccarelink@unchealth.unc.edu.